

STUDENT CONTACT FORM

Please Print.



**WAKE COUNTY
PUBLIC SCHOOL SYSTEM**

INSTRUCTIONS

Complete this form for each student that you are updating telephone or contact information.

STUDENT INFORMATION

Student's Legal Last Name	Student's Legal First Name and Middle Name	Date of Birth (mm/dd/yyyy)
Family's Home Address	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone Number () -
City, State and Zip Code	Is the student Hispanic/Latino? (This information is used for US Census data.) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Which category best describes the student's race? (This information is used for US Census data).

American Indian or Alaska Native Asian Black or African American White Native Hawaiian or other Pacific Islander

FAMILY INFORMATION & EMERGENCY CONTACT

Include names of parents or other legal guardians below.

1. First Name		Last Name	Email
Cell Phone () -	Work Phone () -	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	
2. First Name		Last Name	Email
Cell Phone () -	Work Phone () -	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	
3. First Name		Last Name	Email
Cell Phone () -	Work Phone () -	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	
4. First Name		Last Name	Email
Cell Phone () -	Work Phone () -	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	
5. First Name		Last Name	Email
Cell Phone () -	Work Phone () -	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	

CONSENT FOR RELEASE OF INFORMATION

I authorize the release of my student's information to persons listed under the Family Information and Emergency Contact sections. I certify that all information provided above is true. Anyone listed as mother, father, or legal guardian will receive automated phone calls, texts, and email. Parents and legal guardian will have the opportunity to customize their communication preferences.

Parent/Guardian Signature _____

Date (mm/dd/yyyy) _____